# Prejudice and Discrimination Relating to Covid-19 in Bangladesh's Perspective

# Abdul Karim Gazi<sup>1</sup>

<sup>1</sup>Studying (4<sup>th</sup> year) BSS in Sociology, University of Barishal, Barishal 8200, Bangladesh

E-mail: gazikarimbu@gmail.com

# **ABSTRACT**

Covid-19 raised indeed prejudice among people than ever before what should never be taken for granted; the author intended to identify the circumstance of prejudice touching Covid-19 in Bangladesh. In this study, the author used the qualitative method of research to analyze and discuss data narratively. This study found out a simple result which is people relating to Covid-19, from the very beginning, were subjected to brutal and humiliating treatment. Other specific findings are- with a few exceptions, people were associated with prejudice about Covid-19; people did whatever they want without thinking the perilous situation of Covid-19 infected patients and dead body; as doctors and nurses treated infected patients, the neglect they had similarly suffered; the family of Covid-19 infected people also faced negligent practices of neighbors after the other. In this case, the sufferers couldn't wait indefinitely and the policymakers of Bangladesh had a lot more to do while there is still time. Therefore, they took more effective and urgent actions which can be a wake-up call on how people should behave to make a greener future. This study will help researchers, academicians, and policymakers with providing valuable information about the situation of prejudice about Covid-19 in Bangladesh.

Keywords: prejudice; inhuman behaviors; Covid-19; Bangladesh

#### 1. INTRODUCTION

Smith (2020) stated that Coronavirus disease 2019, diffusing through the nose, sinuses, or upper throat, is the indeed cause of a virus, named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). But, not only that, there are many types of Coronavirus which are not harmful to Human beings. Generally, Coronavirus can stay in the human body and animals, especially- bats, camels, cats, castes, etc. Though the source of SARS-CoV-2 is unknown to researchers, there is a similarity with Sudden Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

In December 2019, SARS-CoV-2 was first traced in Wuhan City, China which scatters across the world. The Chinese scientists also identified two types of SARS-CoV-2, such as- "L" and "S". In this case, "S" is an older type and "L" is a common type that deploys from the beginning of the emerging. They, simultaneously, are confused about which type is more dangerous than another considerably. So, their research is operational to identify the dangerous type of SARS-CoV-2. In reality, there is no specific duration of Covid-19 but researching this virus, inventing vaccines, and people's awareness can reduce the intensity of this dangerous virus. It is delightful that more than one hundred candidates are trying to invent a workable vaccine of SARS-CoV-2; nonetheless, scholars seem that it can be 12-18 months to invent a better vaccine of SARS-CoV-2. In fact, there are a few symptoms of Covid-19, including- fever, coughing, shortness breath, trouble breathing, fatigue, chills (sometimes with shacking), body aches, headache, diarrhea. It is equally important that Covid-19 leads to pneumonia, respiratory failure, septic shock, and death (Smith, 2020).

In reality, the above symptoms vary from person to person; for instance, from 2-14 days can be needed to disclose symptoms of Covid-19 infected people. When a Corona infected patient sneezes or coughs, with droplets the virus can spread into 6 fees around him. When a hale person breathes or swallows there, the virus can enter their body. It is a true matter that without disclosing symptoms, the virus can stay in the body for many days. Moreover, virus can live 4 hours on copper, up to 24 hours on land, and 2-3 days on plastic and stain steel (Smith, 2020).

On March 8, 2020, this is the first time that SARS-CoV-2 infected patient was found out in Dhaka, Bangladesh who is a returnee from Europe. Then On March 18, 2020, the first SARS-CoV-2 infected patient

died in Bangladesh. For this reason, the whole of Bangladesh was lockdown from March 26 to May 31, 2020, to reduce the offensive of Covid-19. Afterward, to keep state stable different sectors of Bangladesh reopened but the educational sector is closed until August 6, 2020. Worse, the number of infection and death were not reduced after withdrawing lockdown, and therefore the Bangladesh government decided to lock down the whole country into three sectors, including- red for venturesome territory, yellow for the mediocre infected region, and white for the risk-free area (Kamruzzaman and Sakib, 2020).

Sakib (2020) reported precisely that until July 8, 2020, many people are infected and died by Covid-19 in Bangladesh, such as-889,152 people are tested in which 172,134 people are infected and 2,197 people are died due to Covid-19 in Bangladesh. Significantly, an average of 19.36% of tested people is traced as Covid-19 infected patients. In the rate of infection, men are more vulnerable than women, for instance, 79.24% of patients are male and 20.76% of patients are female (Sakib, 2020).

In Bangladesh, there is a lack of equipment to treat Covid-19 patients, because there are only 1,000 ICU beds for 160 million people in Bangladesh which are woefully inadequate (Vaidyanathan, 2020). In addition, doctors and other medical staff are not secure justly to use safety equipment, for instance, 25% of doctors and nurses do not get PPE and 60% of other medical staff do not get PPE ("Hundreds of Doctors", 2020). For this reason, health workers are vulnerable to counter Covid-19. Meanwhile, 62 physicians died and 5,001 health workers are infected by Covid-19 in Bangladesh, including-1,725 are physicians, 1,351 are nurses, 1,925 are health care staff (Kamruzzaman and Sakib, 2020). With these situations beggar description, rather sadly, prejudice and misbehavior have disestablished social peace process by which people fail to cope up with seeking a solution to the crisis. Be that as it may, it is increasingly clear that we have to be conscious not through misbehavior but through good manner significantly and much more needs to be done.

#### 2. OBJECTIVES

There is no question that Covid-19 makes people vulnerable because anyone can be infected anytime. Therefore, prejudice respecting Covid-19 is operational among people—most notably among Bangladeshi because most of them are illiterate, unaware, long away from current affairs, modernity, globalization, etc. which is nothing new. Thus, the author conducted this study with a few objectives below-

- To find out the state of prejudice regarding Covid-19;
- To show how people habits are influenced by prejudice now;
- ❖ To discuss how people treat to Covid-19 infected people;
- ❖ To analyze how the Bangladesh government is concern about prejudice;
- To identity how people treat the families of Covid-19 infected sufferers.

#### 3. METHODS AND MATERIALS

At first, the author observed that most of the Bangladeshi suffers irreversible damage of misapprehension of Covid-19 which has far-reaching implications for social harmony and stability in Bangladesh. Then, he browsed different data sources with all attention to find out research papers on prejudice about Covid-19 in Bangladesh's perspective. But there are no specific researches on this topic. It is for this reason the author initiated this study to make acceptable picture all-out efforts on the superstition of Covid-19. As the case may be, the author collected data from different newspapers (local, national, and international), journal articles, and organizations. That means this study is conducted based on secondary data except primary data. In the overall study, the author used the qualitative method of social research to analyze data and discuss the results of this study.

#### 4. RESULT AND DISCUSSION

Looking back on the past decades, there were indeed different types of diseases at different times in the world where worst behaviors with patients were visualized. For instance, due to the Ebola virus, people showed cowardly acts with the people of Western Africa in 2014. Then, because of Swine Flu, people neglected the Mexican and Latin American in 2009 (Chowdhury and Khan, 2020). It was inequitable with infected people in

which they had no guilt in facing misbehaviors that people made then. Yet we don't take equity of people seriously which is the cause of major concern.

Assiduously, due to Covid-19, infected people and their families are victimized of misusage by neighbors and others, signaling the violation of human rights. Not only patients but also doctors, nurses, and volunteers are treated with truculent behaviors which are endangering the future of medical treatment of Covid-19 infected patients. It is a matter of sorrow that health workers, in general, are appreciated by others across the world but Bangladeshi health workers are treated with negligence in certain places of Bangladesh (Azad, 2020). The author resulted the state of prejudice into four sections which disestablishing social consecutiveness in Bangladesh.

# a. Individual's prejudice

At the outset, the people of the country were worried about Covid-19 although they are less thoughtful than the previous days today. Bulk people, around 70% of people, are out of awareness of Covid-19. It is a matter of confusion that who follow hygiene whether they obey fully or partially. Since educational institutions are shut down, the students ramble many places without going by rules of hygiene. Most people use masks out of the home but after using masks, they put them on the table, bed, and so on without cleaning properly. In the same way, shops on the footpath and beside the road do not follow the hygiene rules and people are gathered there to buy foods and other belongings (Hasnat, 2020).

In situations prevailing in the country, as most of the Bangladeshi has a lack of sufficient education and a sharp look-out, new prejudice can emerge here easily. In this process, numerous types of prejudice, deteriorating social stability, have emerged in Bangladesh about Covid-19 and pre-existing prejudices have been energetic further. When someone uses masks to cover mouth and nose, others despise and say them that they wear *Thusi* (mask of the cow). Somebody accuses the luck and argues that death comes from Allah but Islam advises to be aware of the causes of death. It is more heard that the Bangladeshi are habituated to formalin for which Covid-19 does not defeat the Bangladeshi. A rumor was utterly nationwide that eating *Thankuni* leaves are the medicine of Covid-19. So, when anyone eats three leaves of *Thankuni* before saying *Fazor* prayer, he will not be infected by Covid-19. Remarkably, *Oja* (shaman) and *Kabiraj* (local degree fewer doctors who treat patients with the therapeutic tree) have already started to treat people before being infected by Covid-19 (Hasnat, 2020).

On April 6, 2020, the Bangladesh government prohibited being gathered at the mosque but no more than 5 people can be present at the mosque, including- *Imam*, *Muyazzin*, *Khadem*, etc. Islamic scholars also supported this decision but people, regrettably, in corona-infected-areas do not go by the rules and became gathered at the mosque (Nahar, 2020).

A major rumor was triggered that people come round from Covid-19 by way of eating garlic that means garlic is the medicine of Covid-19. Furthermore, somebody also has stressed on a misbelief and claimed that the Muslims will not be infected by Covid-19 in Bangladesh ("Awareness is", 2020).

In contrast, someone took exception to buy foods from the restaurants, and fruits and vegetables from the markets. But there are actual reasons for optimism that these are not carriers of Covid-19. After all, people have to follow the rules of hygiene when they go out and buy products. It indeed happened that someone gives up contacts with others over the first two-three months. They should follow the rules and stay from another around 6 or more feet away. Someone demonstrated outright aversion to dogs and cats and torture them based on the wrong concept that they can be carriers of Covid-19. Actually, this false concept should not have stayed because they are not a carrier of Covid-19 (William and Marshall, 2020).

# B. Prejudice towards corona infected patients

It is a matter of fact that the negative attitude of neighbors, relatives, and family members with patients makes patients depressed and hopeless to fight with the disease. In this direction, psychologists and sociologists advise showing good manners with patients so that they can make their minds stronger to resist disease. In the case of Covid-19, the patients deserve a good manner by any means to stable mental health against Covid-19 (Sajid, 2020). The reality is that prejudice and stigma are fundamental barriers to be stronger mentally in the South

Asian regions ("Stigma, Prejudice", 2020). It is also clear that pandemic addresses people with isolation, social distancing, quarantine, economic fallout which raise different mental pressure, including- sadness, worry, fear, anger, annoyance, frustration, guilt, helplessness, and loneliness which also lead to committing suicide (Mamun and Griffiths, 2020).

The picture of prejudice and its ill-effects due to Covid-19 are visualized in Bangladesh, signaling a clear infraction of human rights. Covid-19 infected patients and dead body face different inhuman behaviors following-

- ➤ It is baffling that neighbors think that Covid-19 infected patients are a burden for society. Therefore, they expressed annoyance and dissatisfaction, and inhibit to provide lemon in the patients' house which makes the upsetting and painful situation for patients (Sajid, 2020).
- ➤ There was a unique situation that to fear of being infected, wife and children don't allow entering the breadwinner of the family, infected by Covid-19, in his own home. Simultaneously, he was lying in neglect at his sister's home in which he died without proper treatment and mental support of family members (Sarker, 2020).
- An infected patient has the right to observe isolation at his home, but building owners and local people seemed that the patient spreads virus in the area and exiled the patient from his room what they would not have done this if they have the minimal humanity (Sarker, 2020).
- When a patient with cough and fever go to the hospitals, nurses think that any patients can be infected and they are careless to admit the patients at the hospitals. Even someone is died of going to one place to another without the requisite treatment (Mahmud, 2020).
- It is the most barbaric act that to avoid being infected, someone puts his mother in a jungle or father in a remote place so that mother or father can't be a threat to them. Similarly, with the confusion of Covid-19 infection, the driver douses the passengers from the car (Ranjana, 2020).
- Let us not forget that the dead body deserves by nature to be buried at the graveyard. Neighbors suspect that dead bodies, infected by Covid-19 can spread in record time virus among the neighbors. For this reason, they don't allow to bury the dead body at his graveyard. Afterward, the driver of the ambulance throws the dead body in the river. Also, because of being neglected by others or infected, someone puts the dead body at the Railway station or the hospitals and run away from the dead body (Islam, 2020).
- ➤ It is a matter of sorrow that volunteers associated with Covid-19 treatment take the help of local administration to come home. The most despicable act is a few burial yards are locked to bury Covid-19 infected dead body. Even so, local administration sometimes conducts *Janaza* at all events because of a lack of people. It also occurred that people are not allowed to come home who bury the corona infected dead body (Azad, 2020).
- ➤ It happened that an infected patient was shouting to drink water before dying but no one gives water because of fear of the virus. Even due to a lack of people, his dead body was on the stair for hours (Khokon, 2020).
- It is a tragedy that a nurse comes back at her home after completing formal quarantine, local politicians think that she can bear virus and force her to live at a hut, witnessing mass humiliation (Khokon, 2020).
- ➤ It is also broadcasted in a new report that due to the awe of viruses, family members put the patient in the room and locked the door of the room. Farther on, the patient died without drinking water ("Can't We", 2020).
- This is much in the same manner of uncivilized actions that having been worried, someone announces in the mike that such ill man is corona infected and we should not allow him to stay in our area, nevertheless he was not infected really (Sharif, 2020).

It should not be forgotten that having been infected, everybody has right to get treatment in the hospital, particularly nurses of specialized hospitals for Covid-19 have an indifferent attitude to receive corona infected patients. Again, drivers raise the rent to carry dead bodies of infected patients (Islam, 2020).

Regrettably, doctors and nurses continue to be victims of inhuman behavior. After finishing formal quarantine, the building owners are not agreed to allow them at their building because they may be the carrier of Covid-19 (Azad, 2020).

For these reasons, hale people are worried that if they are infected, they will lose the people's love, livelihood patterns, jobs, etc. As ill-luck would have it, it is a serious concern that with thinking these issues, they feel anxiety, sleep disturbance, etc. (Shah, 2020). For instance, with fever and weight loss, an individual and his neighbors seem that he is corona infected. It is difficult to fathom that due to fear of social avoidance, he committed suicide notwithstanding his report was negative (Mamun and Griffiths, 2020).

It is a reality that most of the Covid-19 patients become free from the viruses and a few died in Bangladesh. The first infected patient in Bangladesh is also free from Covid-19 through maintaining the right measurements and sufficient treatments ("Coronavirus: Bangladesh", 2020).

# c. Inhuman behavior towards Family

It is a matter of great condolence that not only sufferers of Covid-19 but also their families have more than a few challenges and threats having patients. If a member of the family is infected, neighbors and relatives do not talk with other members and are not agreed to see their faces because they are accursed. After finishing a certain duration of formal quarantine yet, the returnee family does not get permission to enter their apartment from building owners. At the same time, home workers do not work of them because family members can infect the home worker (Snavi, 2020).

In some areas, neighbors abuse verbally and threaten infected patients and the family members; do not enter an ambulance at the home of the patient and throw bricks on the house of the patient (Sajid, 2020). Somewhere having infected patients, the family members are forced to give money to local leaders otherwise they had to give up the region soon. Besides, if they do not give money, they had to fall in a hard nut to crack with an infected sufferer (Sharif, 2020).

It was heard that all immigrant Bangladeshi carry Covid-19 usually and spread across the country. Based on this thinking some when an immigrant Bangladeshi did not come home but neighbors contempt the family and burn their home, and police also show inhuman behavior to the father of the immigrant ("The OC has", 2020). Someplace if neighbors want to provide essential commodities to patients' families, local leaders withstand to provide those materials because going to there can be the cause of the outbreak of Covid-19 there ("In the One room", 2020). It is also broadcasted in media that neighbors oppress the family members of a dead body who died before getting a test report of Covid-19 ("Relatives didn't", 2020). Due to these continue practices, the mutual the cooperation in the community remains threatened unfortunately in Bangladesh.

#### d. Contribution of the policymakers

There is a rule that when a patient is traced as infected anywhere, the local administration and police lockdown consciously and systematically the patient's home and others' home around of his home with setting up a red flag. It is not just the patient's family, other families are anxious about at a deadlock because neighbors show unlike behaviors except being infected. Those people abuse verbally the sufferer family and building-owners association also commit shameful behavior with them due to the whole lockdown. It is heartening to see that treatment at home is more useful because 80% of patients become hale through home treatment. But unfortunately, during home treatment of infected patient, the administration lockdown the family by which the patient becomes the cause of fear and enemy to others. In this regard, without lockdown, social and physical distance can be used because lockdown means the reason for fear of the Bangladeshi now (Ferdous, 2020).

It is sad but true that lockdown raises social distancing among people even though it has many good results, detrimental consequences on a number of points are more prominent, like- long term stress, anxiety, insecurity, low self-esteem, negativity, frustration, low motivation which raise mental and physical illness (Shah, 2020). The fact of matter that people should know that social distance is not social shamming. It is also

a matter of commending that DGHS makes leaflets which set out precisely what must be done to be aware and remove social stigma and discrimination regarding Covid-19 in Bangladesh (Sajid, 2020).

# 5. DISCUSSION OF FINDINGS

It is clearly visible that the infection of the virus is not finished yet, so everyone should show a good manner with patients and their families so that they can get mental support to impede Covid-19 undoubtedly (Sanker, 2020). More importantly, with hiding symptoms, people, due to being neglected by others, take treatment in the hospitals that spread Covid-19, appalling to the doctors, nurses, and other staff ("Hundreds of Doctors", 2020). On the other hand, there is an 80% possibility of being free from Covid-19 through treating patients at home although it is not possible everywhere because of neighbors' abuse, symbolizing the atrocities, the patients and their families directly and indirectly (Azad, 2020). But there is no scientific evidence that building can be ways of spreading Covid-19 (Ferdous, 2020). It is nothing less than a big offense that children don't take the dead body but busy to take death certificate because it is crying needed to divide dead men's property. But dead bodies don't spread virus a few hours later (Ranjana, 2020).

It must be remembered that almost all professionals take rest during lockdown even then doctors and nurses provide treatment at all hazards to the patients. Due to providing treatment to patients, people seem that they carry the virus and spread among general people and harass again and again them in different ways, signaling infringement of actuality (Sajid, 2020). It is true that doctors and nurses have not sufficient services as other developed countries provide in catering the demand of them. Moreover, if we abuse them, they will lose the stamina and become frustrated beyond all doubt to serve the patients (Azad, 2020).

The leading factor of abusing is people are into grave danger for fear, uncertainty about Covid-19, and being far away from morality through inhuman behaviors. The implication is that unconsciousness is the terms with the fact. It is also nothing less that someone describes the Covid-19 as often as they can and the reality is hidden from the general people. On the other hand, there is no vaccine of Covid-19 yet (Ayub, 2020). Needless to say, the greater the prejudice, the more severe it's consequences will be. Clearly, if we don't relentlessly try to reduce the causes of prejudice, it will continue to rise still further beyond question. It is most important that patients and their family members have to be resolute to resolve the major challenges they are facing. It is difficult, and unlikely to be wholly effectual, but possible.

# 6. CONCLUSION

It is worth noting that most of the people in Bangladesh are not aware and they do not comply with social distancing and be gathered in markets and other places. But, many sources of news try to make common people aware of Covid-19 for the longest time but they do not keep the rules of hygiene, including- newspapers, online news, TV, Social media, and YouTube. People should avoid prejudice and a jaundiced eye with patients, doctors, nurses, and their families (Sarker, 2020). Even so, the holy Quran of the Muslims teaches to serve and show good manners with others (Khasru, 2020). As a conscious citizen, every individual should stay at home, call doctors when he feels trouble in breathing, going by the suggestions of the doctors, etc. Also, everyone should wash hands with soap and water; use sanitizer and use masks and other equipment (Smith, 2020).

So long as prejudice is prevented, stopping discrimination against sufferers is not possible. Since the livelihood of reducing prejudice among unaware people, Bangladesh's government should take substantive steps to remove prejudices and misbelief from the inhabitants so that society can be stable and patients, doctors, nurses get proper motivation to counter this pandemic all-out efforts. Prejudices regarding Covid-19 leave people in want of more researches to overcome problems. Therefore, researchers also must step-up substantially their research in catering to the needs. Most importantly, NGOs and voluntary organizations have to go beyond the call of duty to make people aware of the pandemic as soon as possible through raising their targets and strengthening their commitments. Thus, the intensity of prejudices and the very unpleasant episode regarding this pandemic among Bangladeshi will be reduced soon.

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